



How to Submit Your Application

RFPs must be received by mail or in person to the Department no later than 4:30pm on Friday, May 4, 2012 at the following address:

Mail to: Seattle Parks and Recreation, Out of School Time Office, 4209 W Marginal Way SW Seattle, WA 98106

Hand delivery/FedEx/UPS: 4209 W Marginal Way SW Seattle, WA 98106

Contact & Project Information (please be as complete and specific as possible)

Legal Name of (individual or organization):

☐ Are you applying with a fiscal sponsor? If yes, NAME:

Project Contact Person:

Title:

Address:

City:

State:

Zip:

Phone (work or daytime): ()

E-mail:

Person who will sign application, contract, invoice ("Authorized Representative") if different from Applicant or Contact person:

Name:

Title/Relationship to Project:

Tax Identification # (organization):

(Individuals will be asked for a Social Security # if funded.)

Does your organization have a current City of Seattle business license (provide copy)? ☐ yes ☐ no

Does this project require insurance? ☐ yes ☐ no

Are you a previous Summer Art in the Park Provider?
☐ yes ☐ no

If yes, what park?

Project Title:

Amount Requested: \$

Does this project represent any underserved group(s) or community of interest? ☐ yes ☐ no

If yes, please name:

How long has this organization run programs that you propose to property on Dept. property?

Description of Project: Tell us about your project, opportunity or event. List key activities and goals.

Type of Organization

Specify if the organization is a corporation, partnership, sole proprietorship, joint venture, etc. Explain any details or factors that are needed to clarify your organization and financial structure.

Tell us about how your project will fulfill one or more of the following (You do not have to respond to all):

- Promote cross-cultural experiences
- Build on-going participation
- Expand participation/audience for arts/culture
- Serve under-represented artists, cultural groups
- Build community relations through arts/culture
- Meet a community need or goal through arts/culture

Experience in business practices and program development and implementation

Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc. Tell us why you believe you can complete this project. (May include qualifications, past success, strong partnerships or supporters, taking advantage of an existing event, etc.) List key participants or partners.

Financial Capacity

In the space provided below please describe your ability to financially sustain the implementation of your proposed program given the payment information provided in this RFP.

Summary of Proposed Services

Describe the services proposed for serving the visitors to the park(s) you're proposing to locate in. Include the following:

- -the type and features of the program to be offered
- -proposed hours and days of operation
- -services needed by the Parks Department in order to run your program
- -highlight your services and business philosophy

*****Attach your completed weekly curriculum plan**

****Optional, but Strongly Encouraged** – You may attach no more than two (2) pieces of supporting material – such as a sample of artistic work, brochure, newsletter, past review, support letters – to your completed application. Do not include materials that have no bearing on your response to this RFP. If pictures, brochures, flyers, etc are enclosed, then please be certain that the direct connection between these enclosures and to the proposed services for the dept. is clearly explained.

Performance Target

For each of the areas below, set a numerical target and explain the steps you will take to achieve them:

- Recruitment/Marketing efforts
 - # and type of locations (local day cares, churches, youth organizations, etc)

- Attendance
 - Average daily attendance

- Retention of participants and families (daily and returning participation)
 - # of regular participants (regular means those children attending 29 or more days)

Please itemize all associated costs with your program including staff costs.

BUDGET ITEM (<i>INCLUDE DETAILS – e.g. 3 artists X \$25 per hour X 40 days</i>)	Amount	Comment
TOTAL BUDGET AMOUNT	\$	

Client or Business Reference (3 client or business references must be included with RFP):

Insert information about programs that you have operated.

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()		E-mail:
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()		E-mail:
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Name of Organization		
Name of client contact person:		Title:
Address:		
City:	State:	Zip:
Phone (work or daytime): ()		E-mail:
# of years your organization has served this client: _____ year(s)		
Describe the services. For example, type of services, curriculum, culturally relevant programs, academic enhancements, unique challenges, etc.		

Financial Proposal

Having availed yourself of the opportunity to thoroughly read the enclosed contract and RFP documents; asked the Department questions about any of the terms, conditions or responsibilities that were not clear to you; visited the proposed sites; sought legal and financial advice as needed; researched the applicable laws, ordinances, statutes and regulations, and based on your expert experience in business; you make the following firm and irrevocable offer to offer services as follows:

I/WE shall make a total bid to the Department of **\$8400** for the season. Please rank 1 (highest) to 4 (lowest) the Park locations you prefer to offer your services:

____ Othello Playground- 4351 S. Othello St.

____ Judkins Playground-2150 S. Norman St.

____ Lakeridge Playground-10101 Cornell Ave S

____ Maplewood Playfield 4801 Corson Ave. S.

Submitted by _____
(Name of organization submitting this Proposal)

By signing, I declare that the above information is true and accurate to the best of my knowledge.

Signature of Applicant or Authorized Representative

(This should be the person who will sign contract and invoice on behalf of project.)

Date

Print Name: _____

Title: _____

An individual who is legally empowered to bind the organization that is submitting this Proposal must sign in the space provided immediately above.